SOUTHEAST GEORGIA POLICE ACADEMY

11935 Abercorn St. Savannah, GA 31419-1997 Telephone 912-927-5226

Fax Phone 912-927-5227

Student Authorization Form

FOR SEGPA	OFFICE	HCE	ONI	v
FUR SEGPA	()	U5F	ONI	Y

Entered By: _____

	AGENCY INFORMAT	ION	COURSE INFORMATION
Pleas	se print or type all agency information		(10) SEGPA Course Number:
(1) Agency:			
(2) Agency PIN #:			(11) Course Title:
(4) City:			
(5) State:	Z	Zip:	
			(12) Dates:
(7) Training Officer Phone	e # <u>:</u>		
(8) Agency Head (or design	gnee):		
(9) Type of Agency:	Government: Subscrip Municipal State Private C		Agency FAX Number (required)
	☐ County ☐ Federal ☐ Profit ☐ Out -of- State ☐ Private C	☐ Non-Profit (under IRS provision. Citizen	(s)
	Only three (3) studen	ats ner agency should he list	ted, in order of acceptance priority.
	Student #1	Student #2	Student #3
(13) Name:			
(14) SSN:			
(15) Sex:			
(16) Certification #:			
(17) Certification Date:			
(18) Certification Type:			
(19) Date of Birth:			
(20) Date joined agency:			
(21) Rank:			
(22) Current Assignment:			
WAIT LISTED STUDENTS - If list is for this class only. If the	placed on the waiting list, students can not be registered e student is not selected for this class before the start dat	for any other class with the same title te, the application will be cancelled.	NOR any class that starts or ends during the same period. The wait
	AUTHORIZATION		REGISTRATION STATUS
	, 	orerequi- You have In the ev	ve been accepted to attend this course. vent you are unable to attend, contact the SEGPA ASA el your registration.
Agency Head (or	Designee) (Type or print)		,
Title:			ass is FULL. offered at a later date. Please continue to check our v
Date:		site.	
		Supervi	isor's signature is required.
Signature			